

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Dunn Regulatory Associates, LLC	COURT CASE NUMBER 1:24cv437
DEFENDANT Psycheceutical, Inc.	TYPE OF PROCESS Writ of Execution

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Psycheceutical, Inc.
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
SERVE: Michael Hlavsa, Registered Agent, 515 E. Las Oas Blvd, Suite 120, Fort Lauderdale, FL 33301

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Dunn Regulatory Associates, LLC, c/o Gibson S. Wright, McCandlish Holton, P.O. Box 796, Richmond, VA 23218	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 1
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of:  CVSB No. 84632	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 804-775-3100	DATE
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS